

Patricia A. Ambrose

Deposition

May 10, 2005

Page 45	Page 47
<p>1 Sometimes, if they go to the ER side, you may have 2 further contact with the patient. Is that correct? 3 A. Yes. 4 Q. If they go to the UCC side, do you generally 5 have more contact with the patient or -- 6 A. Rare occasions, if they need drugs pushed, 7 IVs started. 8 Q. All right. Let me actually -- this is 9 what's already been marked as Exhibit 3. 10 MS. McCREADY: Gary, that's a copy for you. 11 Q. I'll just represent to you that this was 12 produced -- this was given to me by -- by the United 13 States as the triage policy that existed in the 14 emergency department/urgent care center at ANMC in 15 2003. And it's Bates stamped ANMC 894 to 904. Have 16 you seen this before? 17 A. Yes. 18 Q. Okay. Is this something that -- that you're 19 familiar with? 20 A. Yes. 21 Q. All right. And so going to the -- I want to 22 turn to ANMC 897. It looks like three -- four pages 23 in. And at the top of that page it says, "Triage 24 Acuity Level Guidelines." And then it has the 25 definitions, Level 1 to Level 5. Are those the levels</p>	<p>1 Q. It's in the triage room? 2 A. Yes. 3 Q. How often do you refer to it? 4 A. Not that often when you know it. 5 Q. Okay. That -- and that was what I was 6 curious about. So you feel like you know this, and 7 it's not something you have to look at, you know, 8 every day. Is that correct? 9 A. Yes. 10 Q. Okay. So how often would you -- or -- or do 11 you ever have occasion to -- to look at these acuity 12 levels? 13 A. No. 14 Q. So do you feel like back in April of 2003 15 that you would have the same answer: That you know 16 these acuity levels, that this isn't something that 17 you would have to -- to re-refer to? 18 A. Yes. 19 Q. And this is the -- that's been marked -- 20 already been marked as Exhibit No. 8. I'm sorry. And 21 that's the emergency visit record. This is a record 22 that you reviewed recently. Is that correct? 23 A. Yes. 24 Q. Okay. And again, any other records that you 25 have looked at before coming here for your deposition?</p>
Page 46	Page 48
<p>1 that you were talking about with me earlier, the 2 acuity levels? 3 A. That we had at that time, yes. 4 Q. Okay. And you -- so you have seen these 5 levels before. And are these the levels that -- at 6 least this is your understanding, working as a triage 7 nurse at ANMC, that these are the levels that -- the 8 acuity levels -- 9 A. Yes. 10 Q. -- that you're kind of employing as a triage 11 nurse? 12 A. Yes. 13 Q. Okay. And then on -- there's 899, 900, 901, 14 902, 903. Those are examples of triage acuity levels. 15 And then -- have you seen those before? 16 A. Yes. 17 Q. Okay. And you're familiar with those. Is 18 that correct? 19 A. Yes. 20 Q. And is -- do you -- is this something -- I 21 don't know whether or not this is a policy that you 22 generally could look at, if you have it physically 23 with you at the ER, or is this just something you know 24 because of your experience and work? 25 A. It's in the triage room.</p>	<p>1 A. No. 2 Q. Okay. If you could tell me what -- on the 3 emergency visit record -- and this, again, is 4 Exhibit 8. If you could tell me what -- what's your 5 handwriting. 6 A. Right there where it says, "0710 - ears and 7 head are hurting - up all night. Pain level ten. 8 Sitting with ease." 9 Q. Okay. And then anything else that you have 10 written down? 11 A. Vital signs 977 orally. 58 pulse. 20 12 respiration. 128 over 71, blood pressure, and pain 13 contract. 14 Q. Okay. Anything -- 15 A. Allergic to aspirin. 16 Q. I'm sorry. I didn't mean to cut you off. 17 Allergies. Okay. So under "Allergies," you wrote 18 ASA? 19 A. Aspirin. 20 Q. Aspirin, okay. And then this question, pcn, 21 what is that? 22 A. Penicillin. 23 Q. Okay. And is that your handwriting? 24 A. No. 25 Q. All right. Any other handwriting that's</p>

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Page 49

1 yours on the page?
 2 A. Nope.
 3 Q. Okay. At the top -- well, did you -- are
 4 you the one that circled the triage level?
 5 A. Yes.
 6 Q. All right. And you -- you circled a four.
 7 Is that correct?
 8 A. Yes.
 9 Q. Now it says, at the top, "Clinic: 80, 30,
 10 51." What is that?
 11 A. 80 is UCC, 30 is ER, and I think 51 is
 12 telephone.
 13 Q. Telephone being --
 14 A. Calls from the villages.
 15 Q. Okay. And then did you circle the 80 or did
 16 someone else do that?
 17 A. I circled the 80.
 18 Q. All right. Who writes down the arrival time
 19 in the triage room - I mean in the room number?
 20 A. Clerk writes the arrival time. And I don't.
 21 Nurse, I guess, writes the room number.
 22 Q. Okay. Going back to that day, do you
 23 remember back in 2003 what kind of shift you were
 24 working in April of 2003?
 25 A. 6:00 to 6:00.

Page 50

1 Q. 6:00 a.m. to 6:00 p.m.
 2 A. 6:00 p.m.
 3 Q. What time does the -- back in April of 2003,
 4 what time did the UCC open?
 5 A. 7:00.
 6 Q. Okay. And what would you -- I'm just
 7 curious how that works. So if you would come at 6:00,
 8 what kinds of tasks would you have before the clinic
 9 actually opened?
 10 A. Well, there's patients there. We take care
 11 of patients.
 12 Q. So can patients show -- do sometimes
 13 patients show up to the UCC before 7:00?
 14 A. Yes.
 15 Q. Okay. Okay. So it says 7:10. And was that
 16 the time you actually saw -- saw Todd Allen, who was
 17 the patient in this case?
 18 A. The time he came into the triage room.
 19 Q. All right. So that's the time he came into
 20 the triage room. Is that synonymous with the time
 21 that he would -- is that the same thing as the time
 22 that he would see you or --
 23 A. Yes.
 24 Q. Okay. And it says, "Ears and head are
 25 hurting." How is it that you got this information,

Page 51

1 "ears and head are hurting"?
 2 A. From him.
 3 Q. Okay. Do you have any -- as you sit here
 4 right now, do you have an independent recollection
 5 of -- of him?
 6 A. I remember him, yes.
 7 Q. What do -- what do you remember?
 8 A. That his ears and head were hurting.
 9 Q. Okay. Anything else that you remember about
 10 him.
 11 A. As in what?
 12 Q. Well, as in anything. I mean, I'm just
 13 curious, as you sit here right now: Do you have,
 14 like, a vision in your head? Do you remember what he
 15 looked like?
 16 A. Yes.
 17 Q. Do you remember who he was with? Do you
 18 remember anything else he said?
 19 A. With his wife.
 20 Q. Okay. Okay. What do you remember about his
 21 wife?
 22 A. She told me he took all his drugs, that he
 23 had taken all his pills and he still had pain.
 24 Q. So she said he had taken all his pills. And
 25 what was your understanding of what he had taken?

Page 52

1 A. I cannot recall if she told me the Percocet
 2 or not.
 3 Q. Okay. Would -- would that be something that
 4 you would generally ask if -- if the wife of a patient
 5 came into the ER and said, you know, "He had taken all
 6 his pills, but he's still in pain," would you want to
 7 know what he had taken?
 8 A. She may have told me.
 9 Q. Okay. But I'm just curious: As a triage
 10 nurse, is that something that you generally would
 11 follow up on? You would want to know what he was on,
 12 had been taking?
 13 A. She must have told me.
 14 Q. Okay. One of the things that -- you said
 15 that when you do triage you want to know what
 16 medications they're on, because you want to make sure
 17 that the doctors know. Is that correct?
 18 A. Yes.
 19 Q. So is that something that you would have
 20 asked, even if she hadn't told you?
 21 A. Probably.
 22 Q. Okay. So you have a recollection that the
 23 wife said he had taken all his pills, and he was still
 24 in pain?
 25 A. Yes.

16 (Pages 49 to 52)